Medicaid Expansion in South Carolina

The Economic Impact of the Affordable Care Act

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SCHA South Carolina Hospital Association

Executive Summary

- If South Carolina opts into the ACA Medicaid expansion, the April 2012 Milliman study prepared for the South Carolina Department of Health and Human Services estimates that it would generate a total net increase in federal funding for the state of approximately $11.2 billion between 2014 and 2020 due to newly eligible enrollees. ***These increased federal dollars, which signify an injection of new procurement activity to the state that would not exist otherwise, represent an unambiguous benefit to South Carolina's economy.***
- By 2020, ***the total annual economic impact of the increase in federal funding due to the ACA Medicaid expansion on the state of South Carolina will total approximately $3.3 billion in economic output, $1.5 billion in labor income, and support nearly 44,000 new jobs for South Carolinians.*** Approximately one-third of these jobs (15,000) are projected to occur outside of the health care industry due to the economic multiplier effect.
- As income levels in South Carolina rise, this will translate into additional spending from both individuals and households, leading to increases in tax revenue generated statewide. ***In 2014, the estimated annual increase to the South Carolina general funds is expected to be approximately $45.6 million, which will increase to $105.6 million by the year 2020.***
- A direct comparison of additional state tax revenue to additional state costs resulting from the required state match and administrative costs shows that ***over the first seven years of the program (2014-2020), the state of South Carolina is projected to generate a surplus of approximately $9 million.*** The long run federal-to-state match rate of 90/10 that begins in 2020 will generate state tax revenue that will offset the required annual state costs by approximately 53 percent.
- The estimates generated in this study quantify the benefits to South Carolina from additional federal dollars coming into the state due to the ACA Medicaid expansion. ***The results should not be misconstrued to reflect a comprehensive cost/benefit analysis.*** There are additional factors not considered that fall outside the scope of this study, including the impact of any changes in the cost of uncompensated care, changes to the overall health quality of the population, and the impact Medicaid expansion will have on changes to the labor supply of health care professionals.

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Section I – Introduction

In March 2010, President Barack Obama signed into law the Patient Protection and Affordable Care Act (ACA), a United States federal statute that represents the most significant set of regulatory changes to the U.S. health care system since the 1960s. One of the provisions of the ACA is to expand Medicaid eligibility to include those living up to 138 percent (after income disregards) of the Federal Poverty Level (FPL) beginning in 2014.[1] In June 2012, the U.S. Supreme Court upheld the constitutionality of the ACA, but also ruled that each state has the option of whether or not to participate in this new Medicaid expansion.[2] As a result, South Carolina policymakers now face a decision on whether or not to support expansion.

In order to pay for additional enrollees in Medicaid, the ACA stipulates that states opting in will receive federal funding to pay for 100% of the costs for those who qualify under the expansion for the first three years of implementation (2014-2016). In 2017, states will receive a federal match of 95%; this will drop to 94% in 2018, 93% in 2019, and 90% in 2020, where it will remain for subsequent years.[3]

Though opting into the ACA Medicaid expansion will affect South Carolina employers, taxpayers, and the health care industry (e.g., doctors, patients, hospitals, and private insurers) in a variety of ways, a net increase in federal funding would represent an unambiguous benefit to South Carolina. This benefit derives from the fact that increases in federal funding provide new sources of spending from outside of South Carolina that would not exist otherwise.

Attracting spending from outside of a region is an important component of economic growth. This is why export-oriented manufacturing, tourism, and national and international firms are all important for South Carolina's growth – they represent new spending to the state, which translates into new jobs and incomes for South Carolinians. This can be contrasted with publicly funded state agencies and programs that are supported through state tax revenue, which do not directly create new jobs or income. Instead, they re-allocate jobs and income from one sector of the economy to another.

This study estimates the annual economic impact on South Carolina due to net increases in federal funding that the state would receive if it were to opt into the ACA Medicaid expansion beginning in 2014. This is accomplished using the following procedure:

(1) Determine the total number of newly eligible people who will enroll in Medicaid in South Carolina due to the ACA expansion program along with the estimated annual health care costs associated with these newly eligible enrollees. This allows for a calculation of the increased federal funding that the state of South Carolina will receive.

[1] Stimpson (2012)
[2] Kaiser (2012)
[3] These percentages only apply to newly eligible enrollees. Any new enrollees who already qualify under current Medicaid guidelines will be covered using the current FMAP (Federal Medical Assistance Percentage) rate of 70%.

(2) Use these estimates of annual federal funding to determine the benefit to South Carolina in terms of job and income gains in both the health care sector and various other industries through the economic multiplier effect.

(3) Estimate the increases in state tax revenue generated from additional spending in South Carolina associated with higher income levels. Compare this additional tax revenue to the required state costs in order to determine to what extent these revenues offset increased state Medicaid costs in 2017 and beyond.

The next section of the report provides a description of the expected number of newly eligible enrollees under Medicaid expansion and their associated health care costs. This will largely consist of a summary of a study commissioned by the South Carolina Department of Health and Human Services (DHHS) for the express purpose of estimating the total net increase to federal funding in South Carolina from opting into Medicaid expansion. Section III provides a brief overview of how increased federal funding provides new jobs and incomes for South Carolina through the economic multiplier effect, and Section IV details the main results of this study. Finally, Section V consists of a discussion and interpretation of these results and also provides a brief conclusion.

Section II – New Enrollees and Expected Costs under Medicaid Expansion

Expansions to Medicaid eligibility resulting from the ACA will officially allow those with incomes up to 133 percent of the FPL to qualify; however, 5 percent of income is disregarded in the law regarding eligibility, effectively increasing FPL eligibility to 138 percent of the FPL.

Newly Eligible Enrollee Estimates

To determine any net increase in federal funding resulting from the Medicaid expansion, an estimate of the number of newly eligible enrollees must first be calculated. There are two types of newly eligible enrollees. The first type is known as the *expansion population.* The expansion population consists of parents and childless adults (age 19-64) who become newly eligible under Medicaid expansion and who are currently uninsured. According to the Milliman report, this population is estimated to be approximately 236,000 statewide in 2014 and is expected to increase to 251,000 by 2020.

The second type is known as the *crowd-out population.* The crowd-out population consists of currently insured parents and childless adults (age 19-64) who may voluntarily enroll in Medicaid. This group consists of both newly eligible enrollees and enrollees who qualify for Medicaid under the current guidelines. This study only considers the portion of the crowd-out population who will enroll because of being newly eligible. Milliman estimates that in 2014 the (newly eligible) crowd-out population will be 97,000; by 2020, this population will increase to 103,000.

Table 1 summarizes these expansion enrollment figures, which were derived by Milliman using data from the 2009 American Community Survey from the U.S. Census.

Table 1 – Estimated Newly Eligible Medicaid Enrollees in South Carolina under ACA Expansion
Source: Milliman (2012)

Group	*Estimated Size (2014)*	*Estimated Size (2020)*
Expansion Population	236,000	251,000
Newly Eligible Crowd-Out Population	97,000	103,000

These estimates were also established using a "baseline participation" rate, which assumes that 71 percent of the newly eligible population will enroll in the Medicaid expansion. 71 percent is the average assumed participation rate across all groups, with different percentage levels being used for different sub-groups. These participation rate assumptions were developed jointly by DHHS and Milliman and are described in detail in the Milliman report.

Cost Estimates

Once the number of newly eligible enrollees is determined, the next step is to identify the expected health care costs that these enrollees will incur that will be funded at the federal level. Again, DHHS along with Milliman provide estimates of these cost figures from 2014 to 2020, which are detailed in Table 2. During the first seven years of the expansion, the projected net increase in federal funding associated with newly eligible enrollees totals approximately $11.2 billion. This increase will be accompanied by nearly $635 million in costs for South Carolina due to the required state match that begins in 2017 and the required administrative costs that will begin in 2014. The administrative costs included in this analysis incorporate individual ACA cost elements that would exist even if South Carolina were not to opt into Medicaid expansion; thus, the total cost estimate of $635 million will lead to a more conservative estimate of the statewide impact of Medicaid expansion.

To summarize so far, according to a study by Milliman commissioned by DHHS in April 2012, approximately 333,000 people will become newly eligible for Medicaid under the ACA expansion beginning in 2014. This number will increase to roughly 354,000 people by 2020. This increase will result in a net gain in federal funding to the state of South Carolina of $11.2 billion between 2014 and 2020. It will also require South Carolina to pay $635 million in state match costs as well as administrative costs over the same time period. With this information in hand, the next step of this study is to estimate the economic impact of this federal funding on the state of South Carolina.

Section III – Economic Impacts and the Multiplier Effect

Every economic impact analysis starts with an initial change in economic activity. For most organizations, this initial change takes the form of either increased or decreased purchase activity within a region, which then leads to either increased or decreased demand for a variety of goods and services. These changes in demand lead to real

Table 2 – Projected Annual Revenues and Costs Associated with Newly Eligible Enrollees under ACA Medicaid Expansion
Source: Milliman (2012)
Note: Estimates listed for 2014 only reflect the 2nd half of the year

Year	*Federal Funding*	*Required State Match*	*State Administrative Costs*
2014	$795,800,000	$0	$27,600,000
2015	$1,640,400,000	$0	$28,200,000
2016	$1,690,100,000	$0	$25,500,000
2017	$1,722,200,000	$44,100,000	$26,400,000
2018	$1,744,100,000	$101,500,000	$27,300,000
2019	$1,803,400,000	$125,300,000	$28,300,000
2020	$1,844,300,000	$171,300,000	$29,300,000
Totals	$11,240,300,000	$442,200,000	$192,600,000

economic effects, including impacts on employment, income, and overall economic output. For example, if an expanding hospital were to build and staff a new facility, this would not only lead to an increase in construction activity, but also to permanent increases in the medical supply chain due to ongoing purchases that are necessary to keep a hospital running. Additionally, the employees who are hired will spend much of their income in the local economy, stimulating demand in other industries such as food and entertainment.

These economic impacts can be broken down into direct, indirect, and induced effects. Direct effects represent the initial changes in economic activity, such as the expansion of a hospital as mentioned above. In this study, *the direct effect represents the initial purchases made with expanded federal Medicaid dollars in South Carolina.* When additional Medicaid enrollees are provided with health care services, this marks a direct increase in demand for health care services due to purchases with federal dollars.

The indirect effect refers to subsequent rounds of business spending within South Carolina that occur as a result of the initial purchases of health care services made using federal funding. For example, a hospital may have to purchase additional medical equipment to service any increased demand due to new Medicaid enrollees. Any increased demand that the medical equipment providers see reflects this indirect effect, as does any increased demand from the suppliers of medical equipment providers, and so on.

The induced effect refers to subsequent rounds of household spending within South Carolina that occur as the result of the initial purchases of health care services made using federal funding. For example, if a hospital has to hire additional staff to service any increase in demand, these workers will spend a significant portion of their income within the state. These dollars then increase demand for businesses in a wide variety of industries throughout the state.

In order to determine the total economic impact (direct, indirect, and induced impacts) that results from an initial change in economic activity (direct impact), economic multipliers are used. For example, if an additional $1,000,000 of federal funding were spent on health care services in South Carolina and this led to a total increase of $1,800,000 in statewide economic output, then the economic multiplier would be 1.8. Multipliers are different for each sector of the economy and depend largely on the size of the industry supplier network. For example, a hospital that buys the majority of its medical supplies within South Carolina will have a larger impact than a hospital that purchases these supplies elsewhere. Multipliers also depend on the size of the region being analyzed.

To determine the total economic impact of the net increase in federal funding due to the ACA Medicaid expansion, the Division of Research used a highly complex, structural input-output model of the South Carolina economy. This model includes detailed information on economic linkages between industries, workers, and households that provides a means for accurately estimating economic multiplier effects.

The total economic impact of the increase in federal Medicaid dollars in South Carolina due to the ACA expansion is found by estimating, and then summing together, the direct, indirect, and induced effects. The estimates detailed in Section IV below reflect the sum of these three types of economic impacts. The software package *IMPLAN* was used to derive and quantify all results.

Section IV – Results

Methodology

The total economic impact of the net increase in federal funding due to the ACA Medicaid expansion is estimated for the state of South Carolina as a whole as well as for each county on an annual basis. In order to estimate how much of the increased federal funding will be allocated to each of the 46 South Carolina counties, percentages were used based off existing federal match data collected from DHHS. In 2012, South Carolina received $5.1 billion in federal funding for Medicaid. Table 3 illustrates the percentage of this $5.1 billion allocated to each county in South Carolina as documented by DHHS.

These county percentages, when applied to the total projected annual increases in federal funding due to Medicaid expansion, provide an approximation for the county-level federal funding appropriations in South Carolina and allow for an estimation of the economic impact by county.[4]

To generate the estimates for the total economic impact of the increased federal funds on South Carolina and each county, economic multipliers from the health care services sector were used. Specifically, the federal funding dollars were assumed to be evenly distributed among health care service categories ranging between North American Industry Classification System (NAICS) codes 621111 and 624190.

Each of these falls under the general industry category of "Health Care and Social Assistance," denoted as NAICS code 62. All results are displayed in terms of employment and labor income.

Once the total economic impact estimates are generated, these estimates can be further used to determine the total impact on state tax revenue. This is accomplished by estimating a ratio of the South Carolina general funds revenue (from the South Carolina Board of Economic Advisors) to South Carolina's nominal GDP (from the U.S. Department of Commerce, Bureau of Economic Analysis). This ratio can then be used to determine the increased tax revenue arising from new local economic value added generated from the direct, indirect, and induced effects of the increased federal funding due to the ACA Medicaid expansion.

Table 3 – FY2012 Federal Match for S.C. State Medicaid by County (listed as percentage of state total)
Source: South Carolina Department of Health and Human Services

County	*Pct.*	*County*	*Pct.*
Abbeville	0.53%	Greenwood	1.41%
Aiken	2.85%	Hampton	0.52%
Allendale	0.32%	Horry	4.04%
Anderson	3.17%	Jasper	0.51%
Bamberg	0.46%	Kershaw	1.12%
Barnwell	0.73%	Lancaster	1.30%
Beaufort	1.54%	Laurens	2.10%
Berkeley	2.19%	Lee	0.61%
Calhoun	0.37%	Lexington	3.79%
Charleston	5.91%	Marion	1.02%
Cherokee	1.02%	Marlboro	0.73%
Chester	0.72%	McCormick	0.24%
Chesterfield	1.10%	Newberry	0.80%
Clarendon	0.94%	Oconee	1.31%
Colleton	1.02%	Orangeburg	2.32%
Darlington	1.64%	Pickens	1.91%
Dillon	0.93%	Richland	6.94%
Dorchester	1.97%	Saluda	0.41%
Edgefield	0.41%	Spartanburg	5.02%
Fairfield	0.68%	Sumter	2.28%
Florence	4.02%	Union	0.64%
Georgetown	1.20%	Williamsburg	1.01%
Greenville	7.23%	York	2.94%

Total FY2012 Federal Match: $5,071,845,812

[4] County percentages reported in Table 3 are based on county-level FY2012 figures and do not extrapolate to incorporate any future changes due to ACA requirements. Percentages also will not sum to 100% because approximately $800 million of the $5.1 billion total had no county identification.

Table 5 – Projected Job Creation by Industry in 2020 Outside of Health Care	
Industry Description	*Total Job Creation*
Retail sales activities	1,686
Food services and drinking places	1,087
Private household operations	977
Real estate establishments	621
Wholesale trade businesses	266
Nondepository credit intermediation and related activities	259
Securities, commodity contracts, investments, and related activities	227
Civic, social, professional, and similar organizations	186
Employment services	167
Services to buildings and dwellings	140
Total	5,616

Impact Estimates: Job and Income Gains

Table 4, located at the end of this report, details the main results of this study. By opting into the ACA Medicaid expansion, South Carolina's net increase in federal funding will support approximately 44,000 new jobs statewide by the year 2020 along with nearly $1.5 billion in annual income for South Carolinians. This economic activity also translates to an additional one percent increase in overall gross state product.[5] The primary contributors to these overall gains in economic activity are in the major metropolitan areas of the state, with the top 5 counties being: Richland, Charleston, Greenville, Florence, and Spartanburg.

To put these job gains into perspective, note that in South Carolina there are nearly 188,000 current employees in the health care sector.[6] Of the total projected job creation due to additional federal funding for Medicaid expansion, approximately 65.6 percent will be new jobs created (either directly or indirectly) within the health care industry. This means that by 2020, an additional 28,601 jobs will be created in the health care industry, or an increase to the total health care employment base of about 15 percent. Furthermore, this means that a significant amount of new jobs and income will be created *outside* of the health care industry. Table 5 highlights the top ten industries outside of health care that will see the most employment gains that will be due to Medicaid expansion in South Carolina.

The total job gains represent an economic multiplier of approximately 1.5, meaning that for every 10 jobs created due directly to federal funding expenditures through the Medicaid expansion program, an additional 5 jobs are created elsewhere in the South Carolina economy. Of those 5 additional jobs, over half of them will fall outside of health care. Thus, businesses across a wide variety of industries will experience an increase in demand for their products and services due to the net increases in federal funding; the industry list will not be limited to health care services. The 1.5 employment multiplier is consistent with other recent impact studies that have estimated the net employment gains of ACA Medicaid

[5] A one percent increase is based off of a 2020 gross state product estimate that assumes South Carolina will grow at three percent annually between 2011 and 2020.

[6] Non-seasonally adjusted job figures reported for September 2012 by the U.S. Bureau of Labor Statistics CES data.

Table 6 – Projected Annual Fiscal Impact for South Carolina due to ACA Medicaid Expansion

Note: Estimates listed for 2014 only reflect the 2nd half of the year

Year	*Required State Match*	*State Administrative Costs*	*State Tax Revenue Generated*	*Net Cost to South Carolina*
2014	$0	$27,600,000	$45,604,553	($18,004,553)
2015	$0	$28,200,000	$94,005,666	($65,805,666)
2016	$0	$25,500,000	$96,853,801	($71,353,801)
2017	$44,100,000	$26,400,000	$98,693,341	($28,193,341)
2018	$101,500,000	$27,300,000	$99,948,355	$28,851,645
2019	$125,300,000	$28,300,000	$103,346,633	$50,253,367
2020	$171,300,000	$29,300,000	$105,690,471	$94,909,529
Totals	$442,200,000	$192,600,000	$644,142,820	($9,342,820)

expansion in other states, including Nebraska, New Mexico, and Texas.[7]

Impact Estimates: General Fund Gains

Increases in federal funding will also have a significant impact on state tax revenue. The net job and income gains to South Carolinians mentioned above naturally lead to additional purchases within the state, which then translates into higher tax revenue.

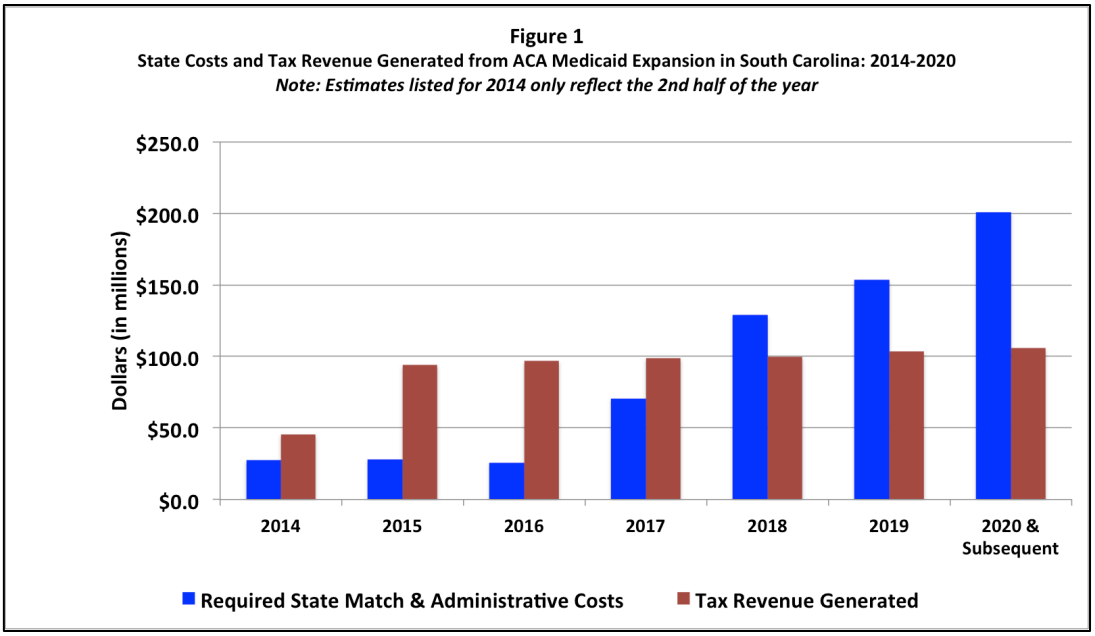
To determine the increase in tax revenue generated from the additional income stream in South Carolina, a general funds ratio of 0.0512 was used. In other words, it was assumed that for every one-dollar increase in gross state product, an additional five cents is generated in state tax revenue.[8] Under these parameters, the total revenue generated for the state of South Carolina in 2014 due to the net increase in federal funding is estimated to be $45.6 million; this is expected to increase to over $105 million by 2020. Table 6 compares the projected annual costs for South Carolina against the additional tax revenue it will receive.

One of the major concerns of opting into the Medicaid expansion program in South Carolina is the future cost that the state will incur – that is – the state match that will be required beginning in 2017. These estimates portray additional tax revenue for the state of South Carolina that will completely offset the necessary state match and associated administrative costs – and in fact create a small net surplus to the state of about $9 million during the first seven years of implementation (2014-2020). This, of course, is largely due to the fact that $236,464,020 will be generated in additional tax revenue between 2014 and 2016 with no state match required.

As can be seen in Figure 1, in 2020 the required state costs (match and administrative) for a federal funding amount of $1.8 billion is about $200.6 million. This federal funding will generate $105.7 million in additional tax revenue and thus will cover 52.7 percent ($105.7/$200.6) of the total

[7] See Stimpson (2012), Reynis (2012), Perryman (2012)

[8] This value of 0.0512 was estimated using historical data on annual general fund revenues and gross state product values for South Carolina. Standard OLS regression techniques were used to determine the long-term average correlation between these two data series.



state costs. Thus, the additional tax revenue will significantly lower the net cost to the state of South Carolina in the long run, even after the federal match rate drops to 90 percent in 2020. ACA Medicaid expansion studies in other states have found similar long-run cost reductions, though they vary on estimates as to which years (if any) produce a net surplus.[9]

Section V – Discussion and Conclusion

The purpose of this study has been to provide additional data and information for South Carolina state policymakers to consider while determining whether or not to opt into the federal Medicaid expansion made available by the ACA. It should not be interpreted as an endorsement or repudiation of Medicaid expansion in South Carolina.

One of the explicit gains that South Carolina would receive from opting into the program is a net increase in federal funding for the state. The benefits from an increase in federal funding can be likened to the benefits resulting from recruiting any other new spending activity to the state, such as increases in tourism spending or manufactured exports. This study quantifies these benefits through estimates of job creation, income increases, and the accompanying rise in contributions to state tax revenue. These benefits are then weighed against the administrative costs and state match costs that South Carolina would incur. Over the first seven years of the program (2014-2020), South Carolina is projected to generate a net surplus of $9 million; this means that in addition to the increased federal funding, the state costs to obtain this federal funding would be completely covered by the additional tax revenue generated and lead to a net gain in state revenue.

Yet these gains do not represent the totality of the impact of the ACA Medicaid expansion on South Carolina. There are other considerations that fall outside the scope of this study. Three of these will be briefly addressed: changes in uncompensated care, changes in the health

[9] Neal (2012) provides an example of one such study that estimates several alternative scenarios for Mississippi in which the net surplus to the state only extends through 2017.

quality of the population, and changes in the health care labor supply.

Uncompensated care costs refer to health care given by hospitals and other providers (such as emergency room visits) to the uninsured population. These costs are typically absorbed by the providers themselves or by the state or federal government, and often eventually shift to individuals and employers in the form of higher insurance premiums.[10] To the extent that Medicaid expansion will reduce these costs, this would reflect an additional benefit of the program.

The health quality of the population as a whole will also be impacted as a result of Medicaid expansion. Several studies have attempted to quantify this impact, with their goal being to determine how any increase in health care, especially preventative care, brought about by Medicaid expansion might increase overall health quality and thereby increase the productivity of workers.[11]

Labor supply changes are also a factor in Medicaid expansion in two specific ways: *recruitment* and *restructuring.* Recruitment refers to the need for additional health care professionals in South Carolina to serve the increased demand that will result from Medicaid expansion. Does South Carolina have the necessary labor pool to draw from, and if not, what are the expectations for being able to recruit and/or train the necessary personnel?

Restructuring refers to the impact on the practice of physicians that expansion would entail. For example, what would be the impact on the supply of physicians who cater to the Medicaid population versus those who cater to patients with private insurance? How might physicians change their practice of accepting new clients during a time of major increases in Medicaid patients? And how might the quality of health care change for patients themselves, either being forced to deal with longer waiting room times or with a higher search time to find physicians who will accept new patients? Labor supply questions regarding changes in physician behavior have been addressed elsewhere, with results showing evidence for decreases in the amount of time spent with patients and increases in the levels of program participation.[12] However, it is unclear as to whether these changes represent additional benefits or additional costs of Medicaid expansion.

This study also intentionally excludes any changes that will result from the ACA that are not specifically caused by opting into Medicaid expansion. For example, Milliman projects that there will be individuals who will choose to enroll in Medicaid who are eligible under the current guidelines. This group is referred to as the *woodwork population.* However, because this group is currently eligible, whether or not they enroll in Medicaid will not affect the federal funding South Carolina would receive as the result of opting into the Medicaid expansion. Part of the projected *crowd-out population* is also composed of

[10] See Hadley (2008) and Holahan, et al. (2010)
[11] See Perryman (2012)
[12] Garthwaite (2011)

individuals currently eligible for Medicaid and therefore also excluded from the analysis. Similarly, any reduction in federal funding (such as the reduction in federal disproportionate share funds) that will occur as a result of the ACA regardless of whether or not South Carolina opts into Medicaid expansion is excluded as well.

Throughout this study, Milliman figures are used that provide estimates on the number of newly eligible Medicaid enrollees in South Carolina and their associated health care costs under the expansion program. Milliman is a nationally recognized research organization, but it is not the exclusive research source for estimates of new Medicaid enrollees under the expansion program. Comparable studies in other states have also used data from the Urban Institute, a Washington DC based research organization specializing in economic and social policy research. This study utilized Milliman estimates in order to provide estimates consistent with data currently being used by DHHS to evaluate the costs and benefits of Medicaid expansion in South Carolina. It is important to note that any changes in enrollment projections over time will necessarily alter the estimates of the net federal funding that South Carolina will receive and thus alter the results of this study.

This report has quantified the economic impact on South Carolina that would result from the projected increases in federal funding occurring if the state were to opt into the federal ACA Medicaid expansion program. Between 2014 and 2020, Milliman estimates that South Carolina will receive approximately $11.2 billion in federal funding. This will lead to a net annual gain of employment in South Carolina of nearly 44,000 jobs and $1.5 billion in labor income by 2020. This net increase in income for South Carolinians also carries tax advantages, as it will contribute to a higher tax base. In 2014, the annual additional state tax revenue is estimated to be $45.6 million, which will increase to $105 million by 2020. This, in turn, will completely offset the required state costs over the first seven years of the expansion program and generate a net surplus to South Carolina of approximately $9 million. In 2020 and in subsequent years (assuming a 90/10 federal-to-state match rate), the additional state tax revenue will partially offset the required state costs, covering approximately 53 percent of South Carolina's costs.

Thus, the federal funding South Carolina would receive by opting into the ACA Medicaid expansion program provides both individual and social benefits for South Carolinians: additional jobs and incomes for individuals and increased tax revenue for the state overall.

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Table 4A - Total Annual County Level Impacts on Employment, Income, and Tax Revenue Resulting from ACA Medicaid Expansion (2014-2016)
Notes: (1) Incomes and Tax Revenues are Reported in Millions of Dollars; (2) Estimates Listed for 2014 Only Reflect the 2nd Half of the Year
(3) County Estimates Will Not Sum To State Totals; See Footnote 4 on Page 5

	2014			2015			2016		
Aiken/Augusta Region	Jobs	Income	Tax	Jobs	Income	Tax	Jobs	Income	Tax
Aiken	537	$19.2	$1.3	1,107	$39.5	$2.7	1,140	$40.7	$2.8
Allendale	60	$2.2	$0.1	124	$4.4	$0.3	128	$4.6	$0.3
Bamberg	86	$3.1	$0.2	178	$6.4	$0.4	183	$6.5	$0.4
Barnwell	136	$4.9	$0.3	281	$10.0	$0.7	290	$10.4	$0.7
Edgefield	77	$2.7	$0.2	158	$5.6	$0.4	163	$5.8	$0.4
Augusta-Aiken Total	**896**	**$32.0**	**$2.2**	**1,848**	**$66.0**	**$4.5**	**1,904**	**$68.0**	**$4.6**
Charleston Region	Jobs	Income	Tax	Jobs	Income	Tax	Jobs	Income	Tax
Berkeley	413	$14.7	$1.0	851	$30.4	$2.1	877	$31.3	$2.1
Charleston	1,112	$39.7	$2.7	2,292	$81.9	$5.6	2,362	$84.4	$5.7
Dorchester	371	$13.2	$0.9	764	$27.3	$1.9	787	$28.1	$1.9
Charleston Total	**1,895**	**$67.7**	**$4.6**	**3,907**	**$139.6**	**$9.5**	**4,025**	**$143.8**	**$9.8**
Charlotte-Rock Hill Region	Jobs	Income	Tax	Jobs	Income	Tax	Jobs	Income	Tax
Chester	135	$4.8	$0.3	278	$9.9	$0.7	286	$10.2	$0.7
Lancaster	245	$8.8	$0.6	505	$18.0	$1.2	520	$18.6	$1.3
York	553	$19.7	$1.3	1,139	$40.7	$2.8	1,174	$41.9	$2.8
Charlotte-Rock Hill Tota	**932**	**$33.3**	**$2.3**	**1,922**	**$68.6**	**$4.7**	**1,980**	**$70.7**	**$4.8**
Grand Strand Region	Jobs	Income	Tax	Jobs	Income	Tax	Jobs	Income	Tax
Georgetown	226	$8.1	$0.5	466	$16.6	$1.1	480	$17.2	$1.2
Horry	761	$27.2	$1.8	1,568	$56.0	$3.8	1,616	$57.7	$3.9
Grand Strand Total	**987**	**$35.3**	**$2.4**	**2,034**	**$72.7**	**$4.9**	**2,096**	**$74.9**	**$5.1**
Lowcountry Region	Jobs	Income	Tax	Jobs	Income	Tax	Jobs	Income	Tax
Beaufort	290	$10.3	$0.7	597	$21.3	$1.4	615	$22.0	$1.5
Colleton	191	$6.8	$0.5	395	$14.1	$1.0	407	$14.5	$1.0
Hampton	98	$3.5	$0.2	201	$7.2	$0.5	207	$7.4	$0.5
Jasper	95	$3.4	$0.2	196	$7.0	$0.5	202	$7.2	$0.5
Lowcountry Total	**674**	**$24.1**	**$1.6**	**1,389**	**$49.6**	**$3.4**	**1,431**	**$51.1**	**$3.5**

Table 4A - Total Annual County Level Impacts on Employment, Income, and Tax Revenue Resulting from ACA Medicaid Expansion (2014-2016)
Notes: (1) Incomes and Tax Revenues are Reported in Millions of Dollars; (2) Estimates Listed for 2014 Only Reflect the 2nd Half of the Year
(3) County Estimates Will Not Sum To State Totals; See Footnote 4 on Page 5

	2014			2015			2016		
Midlands Region	Jobs	Income	Tax	Jobs	Income	Tax	Jobs	Income	Tax
Calhoun	69	$2.5	$0.2	142	$5.1	$0.3	146	$5.2	$0.4
Clarendon	176	$6.3	$0.4	364	$13.0	$0.9	375	$13.4	$0.9
Fairfield	129	$4.6	$0.3	266	$9.5	$0.6	274	$9.8	$0.7
Kershaw	211	$7.6	$0.5	436	$15.6	$1.1	449	$16.0	$1.1
Lee	115	$4.1	$0.3	236	$8.4	$0.6	243	$8.7	$0.6
Lexington	714	$25.5	$1.7	1,471	$52.5	$3.6	1,516	$54.1	$3.7
Newberry	150	$5.4	$0.4	309	$11.0	$0.7	319	$11.4	$0.8
Orangeburg	436	$15.6	$1.1	898	$32.1	$2.2	925	$33.0	$2.2
Richland	1,305	$46.6	$3.2	2,691	$96.1	$6.5	2,772	$99.0	$6.7
Saluda	78	$2.8	$0.2	160	$5.7	$0.4	165	$5.9	$0.4
Sumter	428	$15.3	$1.0	883	$31.5	$2.1	909	$32.5	$2.2
Midlands Total	**3,811**	**$136.1**	**$9.2**	**7,855**	**$280.6**	**$19.0**	**8,093**	**$289.1**	**$19.6**
Pee Dee Region	Jobs	Income	Tax	Jobs	Income	Tax	Jobs	Income	Tax
Chesterfield	208	$7.4	$0.5	428	$15.3	$1.0	441	$15.8	$1.1
Darlington	309	$11.0	$0.7	638	$22.8	$1.5	657	$23.5	$1.6
Dillon	175	$6.2	$0.4	360	$12.9	$0.9	371	$13.2	$0.9
Florence	756	$27.0	$1.8	1,558	$55.7	$3.8	1,606	$57.3	$3.9
Marion	191	$6.8	$0.5	395	$14.1	$1.0	407	$14.5	$1.0
Marlboro	136	$4.9	$0.3	281	$10.0	$0.7	290	$10.3	$0.7
Williamsburg	190	$6.8	$0.5	391	$14.0	$0.9	403	$14.4	$1.0
Pee Dee Total	**1,965**	**$70.2**	**$4.8**	**4,051**	**$144.7**	**$9.8**	**4,174**	**$149.1**	**$10.1**
Upstate Region	Jobs	Income	Tax	Jobs	Income	Tax	Jobs	Income	Tax
Abbeville	100	$3.6	$0.2	207	$7.4	$0.5	213	$7.6	$0.5
Anderson	596	$21.3	$1.4	1,228	$43.9	$3.0	1,266	$45.2	$3.1
Cherokee	192	$6.8	$0.5	395	$14.1	$1.0	407	$14.5	$1.0
Greenville	1,360	$48.6	$3.3	2,803	$100.1	$6.8	2,888	$103.2	$7.0
Greenwood	265	$9.5	$0.6	546	$19.5	$1.3	563	$20.1	$1.4

Table 4A - Total Annual County Level Impacts on Employment, Income, and Tax Revenue Resulting from ACA Medicaid Expansion (2014-2016)
Notes: (1) Incomes and Tax Revenues are Reported in Millions of Dollars; (2) Estimates Listed for 2014 Only Reflect the 2nd Half of the Year
(3) County Estimates Will Not Sum To State Totals; See Footnote 4 on Page 5

	2014			2015			2016		
Laurens	395	$14.1	$1.0	814	$29.1	$2.0	838	$29.9	$2.0
McCormick	46	$1.6	$0.1	94	$3.4	$0.2	97	$3.5	$0.2
Oconee	246	$8.8	$0.6	506	$18.1	$1.2	522	$18.6	$1.3
Pickens	359	$12.8	$0.9	739	$26.4	$1.8	762	$27.2	$1.8
Spartanburg	945	$33.7	$2.3	1,947	$69.5	$4.7	2,006	$71.7	$4.9
Union	120	$4.3	$0.3	247	$8.8	$0.6	255	$9.1	$0.6
Upstate Total	**4,622**	**$165.1**	**$11.2**	**9,528**	**$340.3**	**$23.1**	**9,817**	**$350.6**	**$23.8**

Table 4B - Total Annual County Level Impacts on Employment, Income, and Tax Revenue Resulting from ACA Medicaid Expansion (2017-2019)
Notes: (1) Incomes and Tax Revenues are Reported in Millions of Dollars; (2) County Estimates Will Not Sum To State Totals; See Footnote 4 on Page 5

	2017			2018			2019		
Aiken/Augusta Region	Jobs	Income	Tax	Jobs	Income	Tax	Jobs	Income	Tax
Aiken	1,162	$41.5	$2.8	1,177	$42.0	$2.9	1,217	$43.5	$2.9
Allendale	131	$4.7	$0.3	132	$4.7	$0.3	137	$4.9	$0.3
Bamberg	187	$6.7	$0.5	189	$6.8	$0.5	195	$7.0	$0.5
Barnwell	295	$10.5	$0.7	299	$10.7	$0.7	309	$11.0	$0.7
Edgefield	166	$5.9	$0.4	168	$6.0	$0.4	173	$6.2	$0.4
Augusta-Aiken Total	**1,940**	**$69.3**	**$4.7**	**1,965**	**$70.2**	**$4.8**	**2,031**	**$72.6**	**$4.9**
Charleston Region	Jobs	Income	Tax	Jobs	Income	Tax	Jobs	Income	Tax
Berkeley	893	$31.9	$2.2	905	$32.3	$2.2	936	$33.4	$2.3
Charleston	2,407	$86.0	$5.8	2,437	$87.0	$5.9	2,520	$90.0	$6.1
Dorchester	802	$28.6	$1.9	812	$29.0	$2.0	840	$30.0	$2.0
Charleston Total	**4,102**	**$146.5**	**$9.9**	**4,154**	**$148.4**	**$10.1**	**4,295**	**$153.4**	**$10.4**
Charlotte-Rock Hill Region	Jobs	Income	Tax	Jobs	Income	Tax	Jobs	Income	Tax
Chester	292	$10.4	$0.7	295	$10.5	$0.7	305	$10.9	$0.7
Lancaster	530	$18.9	$1.3	537	$19.2	$1.3	555	$19.8	$1.3
York	1,196	$42.7	$2.9	1,211	$43.3	$2.9	1,252	$44.7	$3.0
Charlotte-Rock Hill Tota	**2,018**	**$72.1**	**$4.9**	**2,043**	**$73.0**	**$5.0**	**2,113**	**$75.5**	**$5.1**
Grand Strand Region	Jobs	Income	Tax	Jobs	Income	Tax	Jobs	Income	Tax
Georgetown	489	$17.5	$1.2	496	$17.7	$1.2	512	$18.3	$1.2
Horry	1,646	$58.8	$4.0	1,667	$59.6	$4.0	1,724	$61.6	$4.2
Grand Strand Total	**2,136**	**$76.3**	**$5.2**	**2,163**	**$77.3**	**$5.2**	**2,236**	**$79.9**	**$5.4**
Lowcountry Region	Jobs	Income	Tax	Jobs	Income	Tax	Jobs	Income	Tax
Beaufort	627	$22.4	$1.5	635	$22.7	$1.5	656	$23.4	$1.6
Colleton	414	$14.8	$1.0	420	$15.0	$1.0	434	$15.5	$1.1
Hampton	211	$7.5	$0.5	214	$7.6	$0.5	221	$7.9	$0.5
Jasper	206	$7.4	$0.5	209	$7.5	$0.5	216	$7.7	$0.5
Lowcountry Total	**1,459**	**$52.1**	**$3.5**	**1,477**	**$52.8**	**$3.6**	**1,527**	**$54.6**	**$3.7**

Table 4B - Total Annual County Level Impacts on Employment, Income, and Tax Revenue Resulting from ACA Medicaid Expansion (2017-2019)
Notes: (1) Incomes and Tax Revenues are Reported in Millions of Dollars; (2) County Estimates Will Not Sum To State Totals; See Footnote 4 on Page 5

	2017			2018			2019		
Midlands Region	Jobs	Income	Tax	Jobs	Income	Tax	Jobs	Income	Tax
Calhoun	149	$5.3	$0.4	151	$5.4	$0.4	156	$5.6	$0.4
Clarendon	382	$13.6	$0.9	387	$13.8	$0.9	400	$14.3	$1.0
Fairfield	279	$10.0	$0.7	282	$10.1	$0.7	292	$10.4	$0.7
Kershaw	458	$16.3	$1.1	463	$16.6	$1.1	479	$17.1	$1.2
Lee	248	$8.9	$0.6	251	$9.0	$0.6	260	$9.3	$0.6
Lexington	1,544	$55.2	$3.7	1,564	$55.9	$3.8	1,617	$57.8	$3.9
Newberry	325	$11.6	$0.8	329	$11.7	$0.8	340	$12.1	$0.8
Orangeburg	943	$33.7	$2.3	955	$34.1	$2.3	987	$35.3	$2.4
Richland	2,825	$100.9	$6.8	2,861	$102.2	$6.9	2,958	$105.7	$7.2
Saluda	168	$6.0	$0.4	171	$6.1	$0.4	176	$6.3	$0.4
Sumter	927	$33.1	$2.2	938	$33.5	$2.3	970	$34.7	$2.4
Midlands Total	**8,247**	**$294.6**	**$20.0**	**8,351**	**$298.3**	**$20.2**	**8,635**	**$308.4**	**$20.9**
Pee Dee Region	Jobs	Income	Tax	Jobs	Income	Tax	Jobs	Income	Tax
Chesterfield	450	$16.1	$1.1	455	$16.3	$1.1	471	$16.8	$1.1
Darlington	669	$23.9	$1.6	678	$24.2	$1.6	701	$25.0	$1.7
Dillon	378	$13.5	$0.9	383	$13.7	$0.9	396	$14.1	$1.0
Florence	1,636	$58.4	$4.0	1,657	$59.2	$4.0	1,713	$61.2	$4.2
Marion	414	$14.8	$1.0	420	$15.0	$1.0	434	$15.5	$1.1
Marlboro	295	$10.5	$0.7	299	$10.7	$0.7	309	$11.0	$0.7
Williamsburg	411	$14.7	$1.0	416	$14.9	$1.0	430	$15.4	$1.0
Pee Dee Total	**4,253**	**$151.9**	**$10.3**	**4,307**	**$153.8**	**$10.4**	**4,454**	**$159.1**	**$10.8**
Upstate Region	Jobs	Income	Tax	Jobs	Income	Tax	Jobs	Income	Tax
Abbeville	217	$7.8	$0.5	220	$7.9	$0.5	228	$8.1	$0.6
Anderson	1,290	$46.1	$3.1	1,306	$46.7	$3.2	1,350	$48.2	$3.3
Cherokee	415	$14.8	$1.0	420	$15.0	$1.0	434	$15.5	$1.1
Greenville	2,943	$105.1	$7.1	2,981	$106.5	$7.2	3,082	$110.1	$7.5
Greenwood	574	$20.5	$1.4	581	$20.7	$1.4	601	$21.5	$1.5

Table 4B - Total Annual County Level Impacts on Employment, Income, and Tax Revenue Resulting from ACA Medicaid Expansion (2017-2019)
Notes: (1) Incomes and Tax Revenues are Reported in Millions of Dollars; (2) County Estimates Will Not Sum To State Totals; See Footnote 4 on Page 5

	2017			2018			2019		
Laurens	854	$30.5	$2.1	865	$30.9	$2.1	895	$32.0	$2.2
McCormick	99	$3.5	$0.2	100	$3.6	$0.2	103	$3.7	$0.3
Oconee	532	$19.0	$1.3	538	$19.2	$1.3	557	$19.9	$1.3
Pickens	776	$27.7	$1.9	786	$28.1	$1.9	813	$29.0	$2.0
Spartanburg	2,044	$73.0	$5.0	2,070	$73.9	$5.0	2,141	$76.5	$5.2
Union	260	$9.3	$0.6	263	$9.4	$0.6	272	$9.7	$0.7
Upstate Total	**10,003**	**$357.3**	**$24.2**	**10,130**	**$361.8**	**$24.6**	**10,475**	**$374.1**	**$25.4**

Table 4C - Total County Level Impacts on Employment, Income, and Tax Revenue Resulting from ACA Medicaid Expansion (2020 and Cumulative Totals)
Notes: (1) Incomes and Tax Revenues are Reported in Millions of Dollars; (2) County Estimates Will Not Sum To State Totals; See Footnote 4 on Page 5

	2020			2014-2020 Cumulative Totals		
Aiken/Augusta Region	Jobs	Income	Tax	Jobs	Income	Tax
Aiken	1,244	$44.4	$3.0	1,244	$270.8	$18.4
Allendale	140	$5.0	$0.3	140	$30.4	$2.1
Bamberg	200	$7.1	$0.5	200	$43.5	$3.0
Barnwell	316	$11.3	$0.8	316	$68.9	$4.7
Edgefield	177	$6.3	$0.4	177	$38.6	$2.6
Augusta-Aiken Total	**2,077**	**$74.2**	**$5.0**	**2,077**	**$452.2**	**$30.7**
Charleston Region	Jobs	Income	Tax	Jobs	Income	Tax
Berkeley	957	$34.2	$2.3	957	$208.3	$14.1
Charleston	2,577	$92.1	$6.2	2,577	$561.0	$38.1
Dorchester	859	$30.7	$2.1	859	$187.0	$12.7
Charleston Total	**4,393**	**$156.9**	**$10.6**	**4,393**	**$956.3**	**$64.9**
Charlotte-Rock Hill Region	Jobs	Income	Tax	Jobs	Income	Tax
Chester	312	$11.2	$0.8	312	$68.0	$4.6
Lancaster	568	$20.3	$1.4	568	$123.6	$8.4
York	1,281	$45.7	$3.1	1,281	$278.8	$18.9
Charlotte-Rock Hill Tota	**2,161**	**$77.2**	**$5.2**	**2,161**	**$470.3**	**$31.9**
Grand Strand Region	Jobs	Income	Tax	Jobs	Income	Tax
Georgetown	524	$18.7	$1.3	524	$114.1	$7.7
Horry	1,763	$63.0	$4.3	1,763	$383.8	$26.0
Grand Strand Total	**2,287**	**$81.7**	**$5.5**	**2,287**	**$497.9**	**$33.8**
Lowcountry Region	Jobs	Income	Tax	Jobs	Income	Tax
Beaufort	671	$24.0	$1.6	671	$146.1	$9.9
Colleton	444	$15.8	$1.1	444	$96.6	$6.6
Hampton	226	$8.1	$0.5	226	$49.2	$3.3
Jasper	221	$7.9	$0.5	221	$48.1	$3.3
Lowcountry Total	**1,562**	**$55.8**	**$3.8**	**1,562**	**$340.0**	**$23.1**

Table 4C - Total County Level Impacts on Employment, Income, and Tax Revenue Resulting from ACA Medicaid Expansion (2020 and Cumulative Totals)
Notes: (1) Incomes and Tax Revenues are Reported in Millions of Dollars; (2) County Estimates Will Not Sum To State Totals; See Footnote 4 on Page 5

	2020			2014-2020 Cumulative Totals		
Midlands Region	Jobs	Income	Tax	Jobs	Income	Tax
Calhoun	159	$5.7	$0.4	159	$34.7	$2.4
Clarendon	409	$14.6	$1.0	409	$89.0	$6.0
Fairfield	299	$10.7	$0.7	299	$65.0	$4.4
Kershaw	490	$17.5	$1.2	490	$106.7	$7.2
Lee	265	$9.5	$0.6	265	$57.8	$3.9
Lexington	1,654	$59.1	$4.0	1,654	$360.0	$24.4
Newberry	348	$12.4	$0.8	348	$75.7	$5.1
Orangeburg	1,010	$36.1	$2.4	1,010	$219.8	$14.9
Richland	3,025	$108.1	$7.3	3,025	$658.5	$44.7
Saluda	180	$6.4	$0.4	180	$39.3	$2.7
Sumter	992	$35.4	$2.4	992	$216.0	$14.7
Midlands Total	**8,831**	**$315.4**	**$21.4**	**8,831**	**$1,922.5**	**$130.5**
Pee Dee Region	Jobs	Income	Tax	Jobs	Income	Tax
Chesterfield	481	$17.2	$1.2	481	$104.8	$7.1
Darlington	717	$25.6	$1.7	717	$156.1	$10.6
Dillon	405	$14.5	$1.0	405	$88.1	$6.0
Florence	1,752	$62.6	$4.2	1,752	$381.4	$25.9
Marion	444	$15.8	$1.1	444	$96.6	$6.6
Marlboro	316	$11.3	$0.8	316	$68.8	$4.7
Williamsburg	440	$15.7	$1.1	440	$95.7	$6.5
Pee Dee Total	**4,555**	**$162.7**	**$11.0**	**4,555**	**$991.5**	**$67.3**
Upstate Region	Jobs	Income	Tax	Jobs	Income	Tax
Abbeville	233	$8.3	$0.6	233	$50.7	$3.4
Anderson	1,381	$49.3	$3.3	1,381	$300.6	$20.4
Cherokee	444	$15.9	$1.1	444	$96.6	$6.6
Greenville	3,152	$112.6	$7.6	3,152	$686.1	$46.6
Greenwood	614	$21.9	$1.5	614	$133.7	$9.1

Table 4C - Total County Level Impacts on Employment, Income, and Tax Revenue Resulting from ACA Medicaid Expansion (2020 and Cumulative Totals)
Notes: (1) Incomes and Tax Revenues are Reported in Millions of Dollars; (2) County Estimates Will Not Sum To State Totals; See Footnote 4 on Page 5

	2020			2014-2020 Cumulative Totals		
Laurens	915	$32.7	$2.2	915	$199.2	$13.5
McCormick	106	$3.8	$0.3	106	$23.0	$1.6
Oconee	569	$20.3	$1.4	569	$123.9	$8.4
Pickens	831	$29.7	$2.0	831	$181.0	$12.3
Spartanburg	2,189	$78.2	$5.3	2,189	$476.6	$32.3
Union	278	$9.9	$0.7	278	$60.5	$4.1
Upstate Total	**10,712**	**$382.6**	**$26.0**	**10,712**	**$2,332.0**	**$158.3**